



Congresswoman Karen Handel

Serving Georgia's 6th District

Personal Information

Last Name: _____

First Name: _____ Middle Initial: _____

Current Address

Street/Box #: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Email Address: _____

Permanent Address (if different than above)

Street/Box #: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Check All That Apply

- ☐ I am a GA-06 resident
- ☐ My parent(s)/guardian(s) reside in GA-06

Educational Information

College/University: _____

GPA: _____ Graduation Date (expected): _____

Degree Sought/Earned: _____

Major(s)/Minor(s): _____

High School Attended: _____ Year Graduated: _____

Post Graduate (if applicable): _____

Graduation Date (expected): _____

Internship Information

Which semester are you applying for? _____

Will you receive credit for this internship? _____

If so, who is your internship advisor?

Name and Title: _____

Phone Number: _____

Email: _____

Department/Office: _____

Preference for Internship Location (Check One):

☐ Washington, DC

☐ Roswell, GA

☐ Either Office

Preferred Schedule (Check One):

☐ Full-Time

☐ Part-Time

If part-time, please list days available: _____

****All internships are unpaid. Interns are expected to cover their own housing and transportation costs. Parking is limited on Capitol Hill and interns are discouraged from having a car while living in DC. We would be happy to answer any questions you have regarding transportation and housing.*

Emergency Contact Information

In case of an emergency, please contact:

Primary Contact

Last Name: _____ First Name: _____

Relationship: _____

Primary Phone: _____ Work Phone: _____

Address: _____

Email: _____

Secondary Contact

Last Name: _____ First Name: _____

Relationship: _____

Primary Phone: _____ Work Phone: _____

Address: _____

Email: _____

Application Essays

Please answer the following questions in a separate document and in 1-3 paragraphs only.

What do you hope to gain from this internship? How would this help you in your career goals or future endeavors?

Describe an experience that has taught you the most about teamwork. How would you use these skills as a team member in our office?

I HEREBY CERTIFY that all the foregoing information I have supplied in this application is correct and complete. Furthermore, I understand that any falsification or omission of any information may be grounds for dismissal. I give the office permission to contact any or all of my previous employers, my references, and my schools for full information.

Applicant Initials: _____

If accepted, and in consideration of my acceptance, I agree to conform to the rules and regulations of the office and the U.S. House of Representatives. My internship may be terminated with or without notice, at any time, at the option of either the office or myself.

I understand that the interns of the Office of Congresswoman Karen Handel are at-will. Nothing in this application alters an intern's at-will status.

Applicant Signature: _____ Date: _____

Applicant Instructions: Please submit completed application, resume with cover letter, and 2-3 professional/personal references. Due to security reasons, mail is delayed for testing for at least five business days. Email applications are preferred.

Deadline: Applications must be received no later than the deadline listed for each session on the website. Applications received after the deadline will not be considered.

Interviews: Required interviews for candidates will be scheduled by the intern coordinator. The interviews will be conducted over the phone or in person, depending on location or scheduling.

Qualifications: Internships are available for students who have completed a minimum of one year of undergraduate education. High school students are not considered.

For questions or to submit a completed application, please contact:

U.S. Congresswoman Karen Handel

Attn: Intern Coordinator

Email: tyler.parks@mail.house.gov

Telephone: (202) 225-4501